

Hire Date \_\_\_\_\_

- Do you use hearing protection? \_\_\_\_\_ All the time \_\_\_\_\_ Part time  
 What type? \_\_\_\_\_ Plugs \_\_\_\_\_ Muffs \_\_\_\_\_ Canal Caps \_\_\_\_\_ Combination
- When was your last exposure to noise? \_\_\_\_\_

<b>Please Answer Yes or No to the Following Questions</b>	Yes	No
Do you have a family member who had hearing loss before age 50?		
Do you use a hearing aid?		
Do you have frequent or severe dizziness?		
Have you had a cold or flu in the last 2 weeks?		
Do you have frequent allergy problems?		
<b>Have you ever had any of the following?</b>	-----	-----
• Measles		
• Scarlet Fever		
• Diabetes		
• Mumps		
• Meningitis		
• High Blood Pressure		
Have you taken antibiotics or medication in the last month?		
Do you have current ear pain?		
Have you had past ear infection, earaches, or drainage?		
Are you under a physician's care for ear problems?		
Have you ever had previous ear surgery?		
Have you been exposed to any loud explosions?		
Have you ever been knocked unconscious?		
Do you or have you shot firearms – sport or military?		
Do you listen to loud music or play in a band?		
Do you have any noisy hobbies?		
Have you operated power driven farm equipment?		
Have you operated construction equipment?		
Have you worked at a noisy job prior to your current job?		
Do you have a noisy second job?		
Do you have a current earache or ear drainage?		

**For YES answers, please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_  
 (See Reverse Side for Provider Portion)

**Medical Evaluation for Hearing (if required):**

**Subjective:** (Note onset of any symptoms including tinnitus, hearing loss, pain, drainage, unilateral or bilateral, family history. Elaborate on any positive responses from the patient given above.)

**Objective:** (Head, Ears, TMs, Canals, OP, Neck exam. Rinne/Weber. Comment on audiogram)

**Assessment and Plan:**

\_\_\_ Counseled on audiogram

\_\_\_ Hearing protection use counseled

\_\_\_ Referral Indicated:

\_\_\_ Work related

\_\_\_ Non work related

\_\_\_ OSHA recordable

\_\_\_ Other: